



Image

Af/1616

PTO/SB/22 (05-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 960-4																					
In re Application of Tuzun et al.																							
Application Number 09/807,254		Filed July 9, 2001																					
For NATURAL AND SAFE ALTERNATIVE TO FUNGICIDES, BACTERIOCIDES, NEMATOCIDES AND INSECTICIDES FOR PLANT PROTECTION AND AGAINST HOUSEHOLD PESTS																							
Art Unit 1616		Examiner A. Pryor																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ 950.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ 1,480.00</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ 2010.00</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to change fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2140</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tr><td>March 18, 2004</td><td><i>Michael R. Brew</i></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td>631-501-5700</td><td>Michael R. Brew</td></tr><tr><td>Telephone Number</td><td>Reg. No. 43,513</td></tr><tr><td></td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 2 forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,480.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2010.00	March 18, 2004	<i>Michael R. Brew</i>	Date	Signature	631-501-5700	Michael R. Brew	Telephone Number	Reg. No. 43,513		Typed or printed name
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CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service on date below as first class mail, postpaid in an envelope, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: March 18, 2004

Michael R. Brew
Michael R. Brew

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